

# Streamlining a patient pathway using process mapping

## *NHS Grampian's experience*

February 2021

Bringing together staff and teams from across a patient pathway can help identify change opportunities. Read how NHS Grampian successfully designed a new and more streamlined pathway by conducting a Claims, Concerns, and Issues exercise and process mapping.

As part of Access QI's [Flow Coaching Academy](#) work, the Urogynaecology service in NHS Grampian held their first Big Room in March 2020.

A **Big Room** is a **multidisciplinary pathway meeting attended by staff from across a patient's journey** to collaborate towards improving patient flow. The meetings seek to bring together staff who, whilst part of the same pathway, do not work together on a daily basis. For detailed case studies on services using a Big Room please check out the Access QI tools and resources [webpage](#).

“ It was such a good meeting [...] we had a GP, we had physios from the city and the shire and the acute sector. We had admin, we had consultants, we had nurses [...] the whole MDT plus wider.

Acute Transformation Programme Manager, NHS Grampian



## Using Claims, Concerns and Issues (CCIs) to help map a pathway

In the meeting, attendees conducted a **Claims, Concerns, and Issues (CCIs)** exercise in order to identify the perspectives of staff involved throughout the patient journey. Described as a 'post-it frenzy', the **attendees raised (and discussed) their views and concerns about the service and its pathways**. These were mapped onto large sheets to be displayed around the room so they could be referred to in future meetings. This ensures that decision-making undertaken in the room is responding to these initial concerns, and meeting the claims (and aims) agreed. The lack of consistency in referrals and the need to refine processes from the outset of the patient journey were highlighted as key issues to be addressed.



“Very quickly it came out that there were key themes within each of the sections about the quality of the staff that we have, the areas where improvement was needed, and very much that there were three very messy pathways, and they needed to be streamlined [...] the referral route in for all three, you could go to the GP and then the physio, or you could go to the GP and then the acute sector and then the physio and then back to the acute sector.”

Acute Transformation Programme Manager, NHS Grampian

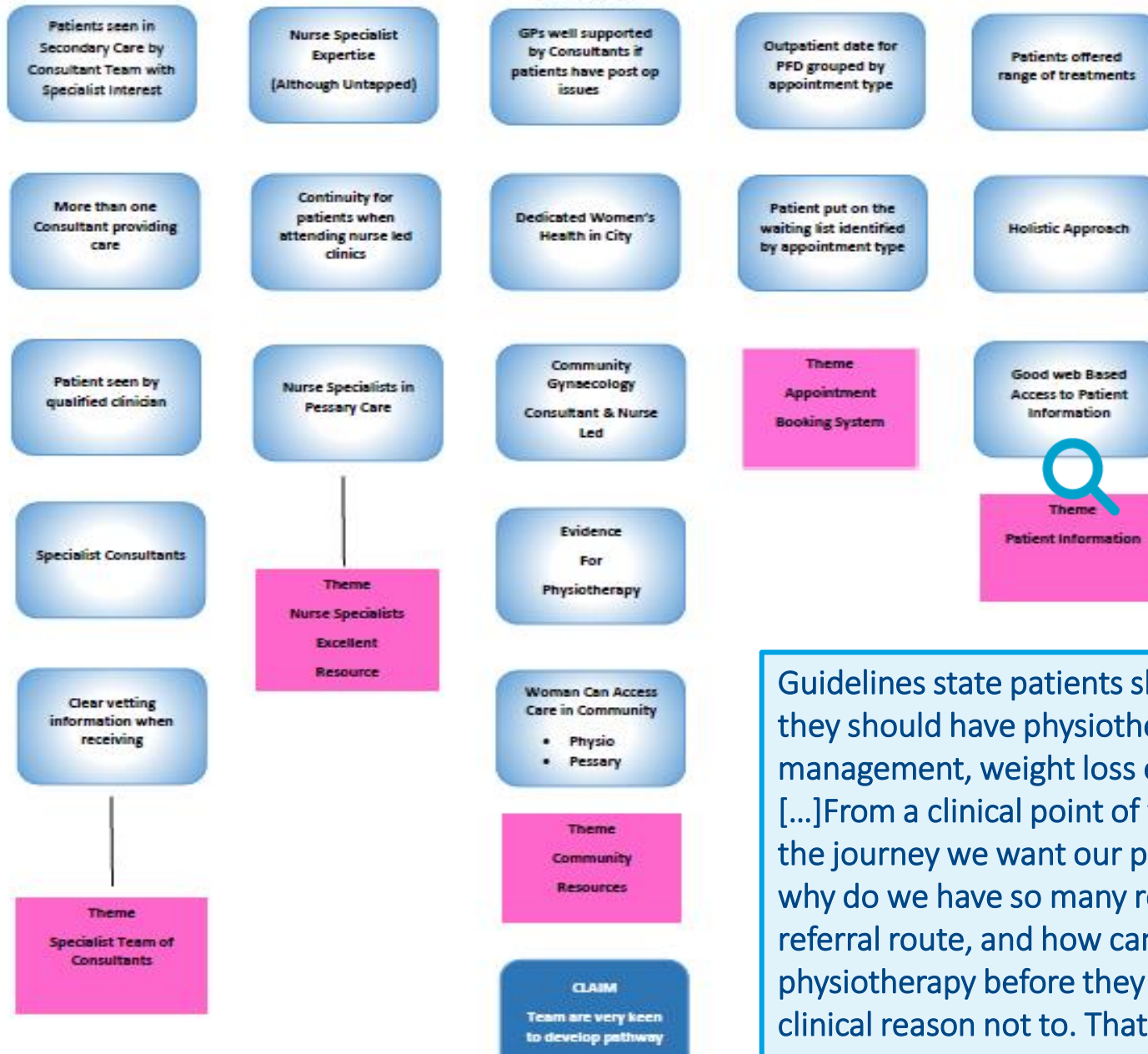
## Using digital formats to process map and redesign during COVID-19

To ensure that the results of the CCIs exercise could be shared and referred to when outside the room, they were reproduced into digital formats. The accessibility of the work became crucial as shortly following the meeting there was the onset of COVID-19. **By having access to the digital notes the service staff were able to commit to working on the pathway whilst deployed elsewhere.** The learning from the CCI exercise expedited their process mapping work. Resources on how to use process mapping are available from the [NES QI Zone](#).

An example of the digital documents

## CCI example

All group members participated in a post it frenzy to identify Claims about the pathway, these have been directly copied on to this document and themed.



The team agreed core aims for the work; to **minimise variation in referrals** and **ensure the patient journey followed established guidelines**. By streamlining the patient journey, the service would be able to ensure they were seeing the right patients as quickly as possible.

Guidelines state patients should have medication if required, and they should have physiotherapy, and very much focus on self-management, weight loss etc before they get to point of referral. [...]From a clinical point of view they [the service] focused on this is the journey we want our patients to take, and what are the issues, why do we have so many referral routes in, how can we have one referral route, and how can we have it that all patients have physiotherapy before they come to the acute sector unless there is a clinical reason not to. That was their driving force.

Acute Transformation Programme Manager, NHS Grampian



## Variation in the pathway: location, location, location

During COVID-19 service staff members conducted preliminary work drafting a new pathway. They then started virtual fortnightly meetings in July 2020 once the service had capacity to remobilise improvement work from before lockdown. They also reconnected with the GP who attended a number of the initial meetings and still remains involved in the work but is not always available to attend the meetings due to the need to prioritise COVID-19 work currently. **Having flexibility in the team and meeting attendance has helped the work continue at pace.**

“ [Patients may have] waited around 33 weeks for a first appointment. So they might have waited all that time and then be told ‘you need to lose weight before you get your surgery’. Or they might be told ‘you need to go for physiotherapy’ and if they lived in the shire they might wait a year for the physiotherapy.

Acute Transformation Programme Manager, NHS Grampian

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**Further variation in patient journeys was caused due to different routes taken into the acute sector.** Some patients will have received lifestyle/behavioural information regarding self-management issues around weight loss, and smoking. However, others may not have and this could cause further treatment delays.



A key concern raised at the meetings was the variation in patient waiting times for physiotherapy dependent on their location. Those patients based in Aberdeen may wait between **four to six weeks**, whilst those in more rural areas (particularly south of Aberdeen) could wait for **up to a year** for an appointment. This is in part due to the fact that within the city there is more availability of appointments with women's health physiotherapist specialists.

Furthermore, within the city patients had easier access to more self-management and treatment options such as pilates classes and group sessions.



## Examples of pathway changes

### New Guidance

The team produced a **treatment criteria document for GPs to provide further guidance on treatment and prescription options they should use prior to referring patients to the acute sector**. This is currently being reviewed by the Grampian GP sub-committee and will be put on Grampian Guidance once approved.

Grampian Guidance is a central location where specialties provide evidence-based referral guidance and flow charts for **management of patient's care including recommended tests, investigations and management advice** with signposting for referral to secondary care. They are tools mainly for primary care colleagues but are routinely used across secondary care as well.

**The team highlighted that their GP colleague provided insights to ensure that all guidance to GPs on the new pathway would be as user-friendly as possible.**

**“We knew the issues but having the Big Room and having everybody there and with everyone participating in the Claims, Concerns and Issues made it visual, and made it a collective group of people saying, ‘right, we have not had this opportunity in such a good and constructive way, let’s just do it’ [...] that gave them the momentum to keep it going.”**

Acute Transformation Programme Manager, NHS Grampian

### Referral routes

Another example of an agreed change was the need to ensure that **physiotherapists can refer patients into the acute sector regardless of where the initial referral was from**. Previously physiotherapists could only refer patients back to whomever had referred them originally.

This has now been resolved and physiotherapists will be able to directly refer patients to Urogynaecology. Ensuring a direct access route from physiotherapy to the acute sector was a recognised priority.

### Clinic questionnaire

The service are now **sending a clinic questionnaire to all patients being referred**. This covers their urinary, prolapse, and bowel symptoms, symptom severity, and their quality of life. In conjunction with the GP referral letter this enables the service staff to decide which appointment type the patient will have (telephone or face-to-face).

The questionnaire is from an international research project the service conducted previously.

The service have already started to use the pathway redesign work to inform their decision-making.

# Next steps



The clinical lead for this work has incorporated information about the pathway into monthly GP educational sessions with practices in Peterhead.

Upon receiving referrals, the team have started to implement the treatment criteria awaiting publication on Grampian Guidance. They are advising GPs of treatment options they should try for specific patients who do not require appointments based on details provided.

Once published on Grampian Guidance, GPs will be able to use the criteria to make these care decisions themselves. Tests of change are planned in early 2021 with a small number of GP practices (both within the city and the shire) to allow further refinements to be made.